

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you if space permits.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:

Gudant Corporation
111 Monument Circle
29th Floor
Indianapolis, IN 46204

FEB 26 2007
INDIANAPOLIS, IN
46204

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0003 6458 4809

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540